# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIAFILED

	MAY 1 2 2021
Michael Ray Foctura	<b>U.S</b> . DISTRICT COURT-WVND WHEELING, WV 26003
Your full name	FEDERAL CIVIL RIGHTS COMPLAINT (BIVENS ACTION)
v.	Civil Action No.: $5.21-CN-72$ (To be assigned by the Clerk of Court)
FBOP And wardon	Bailey
Hudgins, De Anderson,	Mazzone
P.A. wilson, Nurse Brehow	Blalock

### I. <u>JURISDICTION</u>

Enter above the full name of defendant(s) in this action

This is a civil action brought pursuant to <u>Bivens v. Six Unknown Named Agents of</u> <u>Federal Bureau of Narcotics</u>, 403 U.S. 388 (1971). The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

### II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Name of Plaintiff: michael A. Foctora Inmate No.: 11027-088

Address: P.O. Box 85 Peach Creek, wy 25639

FCI Gimer camp PO Box 6000 Gienville, wy 26351

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

В.	Name of Defendant: Hudgins  Position: wasdon  Place of Employment: FCT Gilmes  Address: Gilmer camp RG BOX GOOD Gleaville  WV 26351
	Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?   ✓ Yes   No
	If your answer is "YES," briefly explain: mc. Hudgins is the wardon of the prison and has the bassa
B.1	Name of Defendant: Dr. Anderson  Position: Doctor at medical services  Place of Employment: FCT Gilmer  Address: Gilmer Camp Po Box 6000 Gilmerviller  WY 26351
	Was this Defendant acting under the authority or color of federal state law at the time these claims occurred?   ☐ Yes ☐ No
	If your answer is "YES," briefly explain: Dr Anderson Knew had a bottom bunk pass and he also knew about all of my injuries and hask him to move me from the top bunk to the bottom bunk but he never did.
B.2	Name of Defendant: Mrs. wilson  Position: Physicians Assistant  Place of Employment: FCT Gilmer  Address: Gilmer comp Po. Box 6000 GAeov. Tle,  WY 26351  Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? Pres   No

Name of Defendant: Nucse Brehmuc
Position: Nurse at medical services
Place of Employment: FCT Gilmer
Address: Gilmer Camp PO, Box 6000 Glenville,
WV 26351
Was this Defendant acting under the authority or color of federal st law at the time these claims occurred? ☐ Yes ☐ No
If your answer is "YES," briefly explain: I told mr. Brehmu
I was no a top bunk and needed moved to the
bottom bunk because i had a bottom bunk pass
but he did nothing and after fell and come ha
from the hospital i was put back on the top bunk
from the hospital i was put back on the top bunk cnother 6 days before being moved to the bottom !
Name of Defendant:
Name of Defendant: Position:
Position: Place of Employment:
Address:
Was this Defendant acting under the authority or color of federal solar the time these claims occurred? □ Yes □ No
IC
If your answer is "YES," briefly explain:

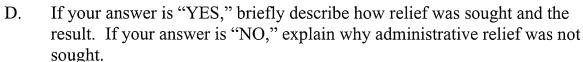
	В.5	Position:
		Place of Employment:
		Address:
		Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? □ Yes □ No
		If your answer is "YES," briefly explain:
III.	PLA	CE OF PRESENT CONFINEMENT
Name	e of Pr	ison/Institution: FCT Gilmer Camp
	A.	Is this where the events concerning your complaint took place?  ✓ Yes □ No
		If you answered "NO," where did the events occur?
	B.	Is there a prisoner grievance procedure in the institution where the events occurred? □ Yes □ No
	C.	Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure?  Yes □ No
	D.	If your answer is "NO," explain why not: I have done all of the Grievance Process and i put them in this paperwork to the court.
	E.	If your answer is "YES," identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed

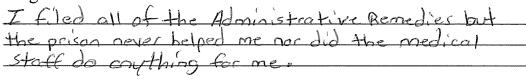
		EVANCES AND RESPONSES:
	LEV	EL1 <u>BP-8</u> — BP-9
	LEV	EL 2 BP - 10
	LEV	EL3 BP-11
<u>PRE</u>	VIOU:	S LAWSUITS AND ADMINISTRATIVE REMEDIES
A.		e you filed other lawsuits in state or federal court dealing with the same involved in this action?
B.	is mo	ur answer is "YES", describe each lawsuit in the space below. If there ore than one lawsuit, describe additional lawsuits using the same format a separate piece of paper which you should attach and label: "IV VIOUS LAWSUITS"
	1.	Parties to this previous lawsuit:
		Plaintiff(s): Michael Bay Fortuna
		Defendant(s): FBBP me Headrix, mes. Hollman, mes Shafer mes kægan, mes cochin.
	2.	Court: US District Court Clarkshuig WV  (If federal court, name the district; if state court, name the county)
	3.	Case Number: //9 cv 3
	4.	Basic Claim Made/Issues Raised: my shoulder and Arm was injuried at FCT margortown and the worden Stoped my medical treatment.
	5.	Name of Judge(s) to whom case was assigned:  The Honorable Judge Kleech
	6.	Disposition:(For example, was the case dismissed? Appealed? Pending?)
	7	Approximate date of filing lawsuit: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

IV.

8.	Approximate	date of	disposition.	Attach	Copies:	Jan	1	201	18

C.	Did you seek info	ormal or formal relief from the appropriate administrative
	officials regardin	g the acts complained of in Part B?
	✓ Yes	□ No





F. If your answer is "YES,", briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted.

- G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"
  - 1. Parties to previous lawsuit:

A	tta	ch	m	en	f	A
4 1	···	~11			·	-

		Plaintiff(s): Michael Ray Fortung
		Defendant(s):
	2.	Name and location of court and case number:  US District Court Clarksburg, WY  Case # 119-CV3
	3.	Grounds for dismissal: □ frivolous □ malicious □ failure to state a claim upon which relief may be granted
	4.	Approximate date of filing lawsuit:
	5.	Approximate date of disposition: $\sqrt{2018}$
defendant of specific will include also legal argum claims, you UNRELAT ADDITION NEATLY F. 3.4.4)	did to congfu o the r nents o u mu. TED C VAL H PRINT	RIEFLY as possible, the facts of your case. Describe what each violate your constitutional rights. You must include allegations of conduct as to EACH and EVERY defendant in the complaint. In the persons involved, dates, and places. Do not give any or cite any cases or statutes. If you intend to allege a number of related st number and set forth each claim in a separate paragraph. LAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10) TED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PLATED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PLATED PAGES MAY BE ATTACHED TO THIS COMPLAINT.)
Sta	H a	t Gilmer comp.
Supp	orting	Facts: wardon Hudgins is the boss of the poison.

	Attachment A
T A T	M 2: D A \
	M2: De Anderson knew i was supose to be an a bottom bunk but he didn't move me until after filed a BP-8
	Supporting Facts: I fell and hart myself and im still having
	of the pain i live with everyday, Dr. Anderson Knew?
	had a pin in my fermer base and drop foot with numbress
	in my foot and a sharder and arm injury and we had back
	in my foot and a shoulder and arm injury and ive hard back Surgery and this Info is in my medical records with my bottem bunk pa
_AI	M3: PA wilson also knew i was supase to be an a bottom bur
	and she put this in wating thats in my paperwork and she also know about all of my medical problems at least
	she also know about all of my medical problems at least
	2 to 3 months before, got to Gilmer Comp and Should
	have been put on a bottom bunt when i first get there on June 4th 2019.
	Supporting Facts: PA wilson had my medical records and
	Knew; had a bottom bunk pass but she never moved
	me even after ack her and Di Anderson several
	times and several necses to be moved and even after
	od had to file a BP-8 before i was finally moved.
A T7	on had to take a BT-8 before, was finally moved,
JA II	Acor on Aug 17th the day i fell and did nothing to help me, the inmates kept telling him to call me on ambulance and he took his time knowing i was hurt and was knocked unconscious and has a head injury and other injuries
	me the innote chest tell on the call me an embolance
	and he took his time knowing was hurt and was knowled
	unconscious and has a head injury and other injuries
	Supporting Facts: Musica Roals and and I have II
	Supporting Facts: Nurse Brehnur put me back on the
	top with the top the transfer the

	with a head injurie and left me on the top book for 6 more days
CLA	AIM 5:
	Supporting Facts:
VI.	INJURY
	Describe BRIEFLY and SPECIFICALLY how you have been injured and the st nature of your damages.  Ell climbing into the top busk and hart my right Shoulder have back, my neck my hip, and i have blurry
and Hos	ion in my right eye, my shoulder was injuried in 2017 my lower book in 1993 but my hip, neck, and eye are we injuries.
VII.	RELIEF
	State BRIEFLY and EXACTLY what you want the Court to do for you. Make
	no legal arguments. Cite no cases or statutes.
Iu	east medical treatment for life for all of my injuries. I want
50,	million for pain and suffering, future pain and suffering future
12 5	we and for the quality of life that ill have to live with
Con-	- DOLD OD DOR to MI LAUGES US VIDE DOLD THE DOLD TO
(Be)	for the life i have to live now and in the future and for
20-	t being able to enjoy life with my grandkids and for not
beil Ll	for the life i have to live now and in the future and for the being able to enjoy life with my grandkids and for not a able to open a business and i want 5.00.00 dellars aday for rest of my life for physical and emotional destress and pain
ond	Softering that ill have to live with until i dies
United	I States District Court 15 Northern District of West Virginia-2013

#### DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at my Home on 5-8-21 (Date)

Your Signature